

NAME OF PARTY OR ATTORNEY (and state bar number if attorney): ADDRESS WHERE YOU WANT MAIL SENT: TELEPHONE NUMBER (Optional): FAX NUMBER (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF: DEFENDANT:	
PROOF OF PERSONAL SERVICE (Harassment)	
CASE NUMBER:	

PERSONAL SERVICE

Instructions: After having the other party served with any of the documents identified in item 1, have the person who served the documents complete this Proof of Personal Service. Give the completed Proof of Personal Service to the clerk for filing. Neither the plaintiff nor the defendant can serve these papers.

1. I served a copy of the following documents (check the box before the title of each document you served):

- a. ☐ Order to Show Cause (Harassment)
☐ and Temporary Restraining Order (CLETS)
- b. ☐ Petition for Injunction Prohibiting Harassment
☐ Application for Temporary Restraining Order
- c. ☐ blank Response to Petition for Injunction Prohibiting Harassment
- d. ☐ Instructions for Lawsuits to Prohibit Harassment
- e. ☐ Order After Hearing on Petition for Injunction Prohibiting Harassment (CLETS)
- f. ☐ completed Response to Petition for Injunction Prohibiting Harassment
- g. ☐ other (specify):

2. Person served (name):

3. By personally delivering copies to the person served, as follows:

- a. Date:
- b. Time:
- c. Address:

4. At the time of service I was at least 18 years of age and **not a party to this cause.**

- a. Name:
- b. Telephone:
- c. Address:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

_____ (TYPE OR PRINT NAME)	 _____ (SIGNATURE)
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